

471-000-230 Instructions for Completing Form DPI-OBRA8. "Authorization for Release of Information"

Use: Form DPI-OBRA8 is used to obtain permission from an individual or his/her legal representative to release information necessary to determine the appropriateness of admission to or continued residence in a nursing facility.

The individual must be made aware of what inquiries are required for the PASARRP. Form DPI-OBRA8 is valid for one year from the date the form is signed.

Number Prepared: Form DPI-OBRA8 is completed in triplicate.

Completion: Form DPI-OBRA8 is completed by the nursing facility, hospital, or other party if the results of the Identification Screen indicate the individual is subject to the PASARRP.

Enter the name, address, and social security number of the individual.

Enter the name of the nursing facility, if known.

Signature: The individual or his/her legal representative sign and date Form DPI-OBRA8. A witness also signs and dates the form, only if the individual uses a mark.

Distribution: The nursing facility, hospital, or other party –

1. Sends a copy of Form DPI-OBRA8 to the HHS/Contractor;
2. Gives a copy to the individual or his/her legal representative; and
3. Retains a copy for the individual's permanent nursing facility record.

Retention: Form DPI-OBRA8 is retained for four years.

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MANUAL LETTER # 6-2000

NEBRASKA HHS FINANCE
AND SUPPORT MANUAL

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Nebraska Department of Public Institutions
Authorization for Release of Information

Last Name	First Name	Middle Initial
Street or Mailing Address		City
State	Zip Code	Social Security Number

I authorize the release of the following information necessary to determine the appropriateness of my admission to or continued residence in

(Name of Nursing Facility if Known)

- Medical and Social Information
- Psychiatric Information if I am found to have an indication or diagnosis of Mental Illness
- Psychological and Developmental Skill Information if I am found to have an indication or diagnosis of Mental Retardation or a Related Condition

This information may be released to the following:

- The Nursing Facility, for inclusion in the permanent nursing facility record and use in the development of the overall plan of care.
- The Nebraska Department of Social Services, who shall review the medical and social information and make a determination regarding the level of medical need appropriate for services provided in a nursing facility.
- The Community Mental Health Region, who shall review the medical, social and psychiatric information and make a recommendation regarding services appropriate for mental health and other specialized services.
- The Community-Based Developmental Disability Services Provider, who shall review the medical, social, psychological and developmental skill information and make a recommendation regarding services appropriate for mental retardation/developmental disability and other specialized services.
- The Nebraska Department of Public Institutions OBRA Unit who shall review the complete set of information and make a final determination regarding the appropriateness of nursing facility services or other alternative placement.
- Organizations involved in the development of alternative services, and in the assessment or placement of persons who require alternative services, including but not limited to state agencies, specialized service agencies, and community mental health and/or developmental disability services providers, if placement in a nursing facility is found to be inappropriate.
- Service providers, for the purpose of assessment, determination and provision of alternative services such as, but not limited to, residential, service coordination, case management, rehabilitation, vocational training, day programs and other necessary supports, if placement in a nursing facility is found to be inappropriate.

For the purpose of complying with the requirements of the Preadmission Screening and Annual Resident Review Process, the above mentioned information may be shared with other professionals, such as your physician, social services staff from an agency familiar with your needs.

The above mentioned information will be treated confidentially and released only for the purpose of making a determination regarding the appropriateness of your admission to or continued residence in a nursing facility, or placement into alternative services, if placement in a nursing facility is found to be inappropriate.

This release is valid for one year from the date entered below.

Signature of Individual

Date

Signature of Legal Representative

Date

Signature of Witness

Date

Distribution: WHITE — DPI

PINK — NF

GOLDENROD — Individual